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BRIAN M BERL O'MELVENY & M 400 SOUTH HOPH LOS ANGELES, C 2/27/2004 HBEYENE2 00	YERS, LLP E STREET	DEC 2	\$11	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
.2/27/2004 MBEYENE2 '00	000009 09625647	TRAI	DEMARIT	Monica	Mehta	(Depositor's name)
1 FC:1501 1400.00 OP				Mr. Meis	tr	(Signature)
				Decemb	er 16, 2004	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INV		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/625,647	07/26/2000	Shashi Ramamı		nurthy	411951-185	6325
FITLE OF INVENTION: N	ETWORKING APPLICATI	ONS FOR AUTO	MATED DATA (COLLECTION		
, 1						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1378 40		\$0	\$1370	02/03/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
YANG, CLARA I		2635		340-010100		
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND	tion (or "Fee Address" Indicator more recent) attached. Use D. RESIDENCE DATA TO B	Correspondence ation form of a Customer E PRINTED ON T	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for or a substitute for filing an assignment.			
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INTERMEC IP	CORP.	W	OODLAND	HILLS, CALIF	ORNIA	
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the pater	nt): 🗖 Individual 🙀 C	orporation or other private gr	roup entity 🚨 Government
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee	(s):		
Issue Fee			🔼 A check in th	ne amount of the fee(s) is er	closed.	
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Authorized Signature	10/10	^			cember 16, 20	

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